



# Leave of Absence

Name \_\_\_\_\_ SIS ID Number \_\_\_\_\_

CWRU Email \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Department/Program: \_\_\_\_\_

### Academic Policy on Leave of Absence from Graduate Study

The request must not exceed two consecutive academic semesters. In exceptional circumstances, a leave can be extended for another two semesters. The maximum amount of leave permitted per graduate program is four semesters. A leave of absence does not extend the maximum time permitted for the completion of degree requirements, and a leave cannot be taken while students are on extension of the five-year time limit.

Maternity, paternity or military obligations do not count toward the five-year time limit for degree completion. The length of the extension caused by maternity, paternity or military leave of absence may not exceed two years.

*If requesting a medical leave of absence, please provide additional documentation from your health care provider.*

I am requesting a:

Leave of Absence  Military Leave of Absence

Maternity/Paternity Leave of Absence  Medical Leave of Absence

for the following term(s):  Fall of \_\_\_\_\_  Spring of \_\_\_\_\_  Summer of \_\_\_\_\_

In the space below, provide an explanation to support the reason for the leave of absence if not requesting a maternity, paternity or military leave of absence. Please print legibly or attach a typed statement if you choose.

### Signatures

Student \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/Program Director \_\_\_\_\_ Date \_\_\_\_\_

SOM Graduate Education Office \_\_\_\_\_ Date \_\_\_\_\_  
only if you are in a SOM graduate program

International Student Services \_\_\_\_\_ Date \_\_\_\_\_  
only if you are an international student

### For Graduate Studies Use Only

Date Processed \_\_\_\_\_ Initials \_\_\_\_\_ Email Sent